



KENTUCKY TRANSPORTATION CABINET
Dept. of Vehicle Regulation/Division of Motor Carriers
P.O. Box 2007, Frankfort, KY 40602-2007
(502) 564-4127 Fax: (502) 564-4138 (8:00 AM - 4:30 PM EST)
Walk-ins 8:00 AM - 4:00 PM
TRANSPORTATION.KY.GOV/DMC

TC 95-311
Rev. 02/05

TAXICAB INSPECTION FORM

INSPECTION INFORMATION

Annual ☐ Additional Vehicles ☐ Random ☐ Date of Inspection _____
Company Name _____ Certificate No. _____

VEHICLE INFORMATION

Type of Vehicle: Sedan ☐ Van ☐ Vehicle Mileage _____
Year _____ Make _____ KY License No. _____
VIN No. _____

		PASS	FAIL			PASS	FAIL
	Lights				Tires		
	Headlights	<input type="checkbox"/>	<input type="checkbox"/>		Right Front	<input type="checkbox"/>	<input type="checkbox"/>
	Low Beam	<input type="checkbox"/>	<input type="checkbox"/>		Left Front	<input type="checkbox"/>	<input type="checkbox"/>
	High Beam	<input type="checkbox"/>	<input type="checkbox"/>		Right Rear	<input type="checkbox"/>	<input type="checkbox"/>
	Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>		Left Rear	<input type="checkbox"/>	<input type="checkbox"/>
	Turn signals	<input type="checkbox"/>	<input type="checkbox"/>				
	Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>		Miscellaneous		
	Taillights	<input type="checkbox"/>	<input type="checkbox"/>		Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>
	Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>		Dome Light	<input type="checkbox"/>	<input type="checkbox"/>
	Back Up Lights	<input type="checkbox"/>	<input type="checkbox"/>		Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
					Operable Trunk	<input type="checkbox"/>	<input type="checkbox"/>
					Muffler	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Notes:

Inspection Results Pass ☐ Fail ☐

Inspected By _____ ASE Certificate No. _____

Address of Inspection

THIS FORM MAY BE DUPLICATED

For overnight delivery, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622